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CURRENT PROBLEMS OF THE CLINICAL MANIFESTATIONS AND TREATMENT OF DYSENTERY

Prof S. I. Ratner

This is a report on a paper presented at the 13 July 1951 meeting of the Moscow Therapeutic Society. 7

In recent years, replacement of certain species of dysentery bacilli by others was observed. Thus, according to data of the Hospital imeni S. P. Botkin, Shiga bacilli have disappeared completely since 1947. In 1947 - 1949, Flexner bacilli were isolated in 100% of dysentery cases. Starting with mid 1950, the relative proportion of Sonne bacilli began to grow rapidly. In the second half of 1950, 53.3% of all isolated strains were Sonne bacilli, while in some months this figure reached 95.4%. The reasons for this interchange of causative factors, which was also observed in a number of other hospitals, are not quite clear as yet. However, the interchange in question was reflected in the clinical characteristics of the disease, i. e., the development and severity of the toxic state, as well as the type and degree of the affliction of the intestine.

Dysentery produced by Sonne bacilli often assumes the course of a common gastroentercolitis, so that a faulty diagnosis is frequently made. The type of disease which is caused by Flexner bacilli starts more violently; the clinical course is more severe, and fever is present in 80% of the cases. At present, Flexner bacilli are the principal causative factor of chronic dysentery.

One of the principal problems having a bearing on dysentery is clarification of the fact that alledgedly healthy persons carry bacilli. The observations made by the author of this paper refute the possibility that completely healthy people may carry bacilli for a long time. He investigated 38 bacillus carriers, 23 of whom were considered completely healthy. Among these, 12 never had dysentary while 11 had had dysentary one to 7 yes before the exprination. People was the exprination. dysentery, while 11 had had dysentery one to 7 yrs before the examination. Rectoromanoscopic inspection established that all of them had catarrhal, catarrhalerosive, or catarrhal-erosive-ulcerous modifications of the mucous membranes.

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Moreover, all subjects exhibited a subfebrile temperature together with a normal ROE /reaction of erythrocyte precipitation/ and a normal hemogram. Lymhopenia was present in some of the cases under investigation.

Lambliosis or trichomoniasis is often mistaken for bacillary dysentery. While antidipentery treatment is ineffective in such cases, specific treatment (atebrin ror lambliosis, aminoarson and gramicidin enemas for trichomoniasis) is extremely effective. As far as clinical symtomato\_ogy is concerned, protozoal colites are distinguished by a gastroenteritic component; the rectoscopically observed changes are usually of a light catarrhal type, while occasionally the mucous membrane remains normal. Careful elimination of persons with protozoal colites permits lowering of the number of cases registered as chronic dysentery.

Treatment of cases of chronic dysentery must by many-sided ("complex") and individualized. It should take into account the duration of the disease, as well as the methods of treatment used previously. One must act on the causative factor of the disease and also stimulate the reactivity of the macroorganism. As far as specific remedies are concerned, the action of synthomycin, of Professor Chernokhvostov's alcohol vaccine, of the silver salt of sulfathiazole (Biltbin), and treatment with antagonistically acting bacteria are being studied. The author of this paper recommends treatment of chronic dysentery with garlic enemas. This method is cheap, simple, and painless. Garlic exerts a bactericidal action on all species of dysentery bacilli. In 2,066 cases, the stool was restored to normal after two to seven enemas. In no case did the patients excrete bacilli after being discharged.



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